

Blurring of boundaries in the doctor-patient relationship

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Young Oncologists' Blurring of Professional Boundaries in the Doctor/Patient Relationship

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Oncology is a specialty that can be enormously rewarding but one fraught with many challenges. Dealing with anxious patients facing life-threatening disease, conveying the true prognosis, discussing the complexity of modern treatments, explaining the unavailability of certain drugs, the side-effects and likely therapeutic aims of treatment, are all areas that young oncologists have to master. There are evidence-based courses shown to help oncologists to communicate all these issues in a clear, honest and empathic manner whilst maintaining realistic hopes about the likely clinical outcomes.¹ However, getting closer to the emotional needs of patients and their families can put doctors themselves at certain psychological risks also unless they have skills to navigate the boundaries between personal and professional involvement.

Burnout in young oncologists in Europe and amongst oncology fellows in the US is high >34%.^{2,3} A variety of factors including difficulties maintaining a healthy work-life balance, having had insufficient communication and management skills training have all been shown to be associated with burnout; however there are other ethical, moral, legal, cultural and philosophical concerns within the practice of modern medicine that have received insufficient attention, in particular the blurring of professional boundaries. This can occur when a patient with life-threatening disease has a need to believe that their oncologist really cares personally as well as professionally and may happen inadvertently when the doctor's behaviour is ambiguous enough to be misinterpreted. For example is a hug, rather than a brief touch on the hand, from a young male doctor an appropriate response to the tears of a young woman told that she has breast cancer? Even the choice of clothes one wears and manner of introducing oneself to vulnerable patients can convey overt or subtle messages with unpredictable interpretations. The correct etiquette in terms of work attire and forms of address when greeting patients has undoubtedly varied over time in keeping with changing societal and cultural norms but there are no firm universal rules.^{4,5} Whilst the majority of patients appear to prefer being called by their first names after an initial more formal introduction, doctors who permit patients to address them by their first names through a genuine belief that this helps them not to appear cold and aloof, may also find themselves in danger of falling prey to ambiguities which blur other professional boundaries. It is perfectly possible to demonstrate kindness, care, concern and empathy whilst maintaining the use of a professional title such as doctor. Adhering to certain boundaries implies professional distance and respect and should not be confused with cold, indifferent, detachment.

Professional boundaries are not always well defined and get more complicated when a patient starts to be seen as a friend; some are obvious violations (e.g. sexual involvement), others are less clear, such as conducting a dual relationship (social) with a patient one is treating, accepting certain gifts, some forms of physical contact, as well as use of language. Occasionally boundary transgressions occur due to misguided assumptions that the behaviour is helpful, or through honest misunderstandings; others exploit the vulnerability and dependency of patients due to the inherent power differential within the doctor patient relationship. For those working in clinical settings, some of these areas have always been challenges to negotiate appropriately, but modern technology has introduced new ones.

The burgeoning use of social media potentially makes it harder for any individual doctor to maintain a truly private personal life. Although social-networking has enhanced opportunities for beneficial individual and group interactions in both personal and professional domains, it has also created risks and problems within the doctor/patient relationship. Facebook, Twitter, Blogs, YouTube can all leave

a digital footprint and may lure the incautious young oncologist into a variety of bear-traps. Despite a privacy setting, anonymity is easily breached and most forget that indiscreet photos and comments made by themselves or posted by others can be accessed by patients or their families. The impact of certain online content could have dire consequences for the public perception of the medical profession in general as well as an individual's career. Any professional whose online behaviours violate or challenge societal expectations could also be vulnerable to dismissal or other sanctions.⁶

Results from an anonymous survey sent out on-line during August 2014 to young oncologists in Europe to provide data for an ESMO workshop, revealed some of the risks to the doctor/patient relationship through blurring of boundaries. The survey comprised 20 statements probing what responders felt was appropriate in general for doctors to do and another 20 statements probing what individuals did personally. 338 valid responses (61% female, 39% male) were received from doctors in 56 different countries. Their mean age was 34 years and the majority were medical oncologists working in university hospital cancer centres. A majority, both male 67% and female 55%, felt that if doctors were too empathic then they could not make objective decisions. Likewise 58% female oncologists and 62% male found it difficult to be truthful about prognosis if they liked the patient. Despite these findings around a third of respondents had treated friends with cancer and a quarter their own family members. Most allowed patients to address them by their first name and a majority of respondents, (64%) female and (54%) male either sometimes or often permitted patients to hug or kiss them when greeting or saying goodbye. The majority (>53%) had often or sometimes given patients their personal mobile phone numbers and 12% women and 18% men had accepted patients as 'friends' on Facebook. Likewise 16% women and 28% men accepted social invitations from patients whom they were still treating. These results need replication, but are troubling if representative of current practice.

Various professional organisations such as the GMC and BMA in the UK and AMA in the US have published guidelines on the use of social media⁷. However, few oncologists had ever received any training about handling risks and boundaries in the doctor/patient relationship more generally and >80% would like specific training in these areas. Changes in societal norms and expectations about doctor/patient interactions and practising within on-line environment make a blurring of professional boundaries more likely. Without more evidenced based training in how to deal with these issues, harnessing the opportunities whilst remaining cognisant of the risks, it is no wonder that young oncologists are experiencing burnout.

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Authors' contributions. All authors contributed to the development of the on-line survey and writing of the paper. VJ, SM and LJF analysed the data

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